



State of Maine

BARBERING & COSMETOLOGY LICENSING PROGRAM

The information in this application packet is to assist you in completing your application. It is recommended that you review applicable laws and rules for further guidance.

NEW SCHOOL

Do not return the following 2 informational pages with your application; they are for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
(Mailing address) 35 State House Station, Augusta, ME 04333
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8579

TTY users call Maine relay 711

FAX (207) 624-8637

Web address: www.maine.gov/professionallicensing

Email: barbercosm.lic@maine.gov

APPLICATION INSTRUCTIONS NEW SCHOOL

Complete and submit this application and supporting documents to the Maine Barbering and Cosmetology Licensing Program with the required fee and documentation. **Please see 32 M.R.S., Subchapter 4 and Chapter 27 of the Board Rules for application requirements.**

The Barbering & Cosmetology Licensing Program requires that all supporting documents and fees be submitted with the filing of your application. All fees are non refundable. **Your application will be considered incomplete if your supporting documents and/or fees are omitted. An application that remains incomplete for more than sixty (60) days will become null and void.** Documents that have been modified or altered (including the use of any white out substance) in any way will not be accepted.

PROCESSING TIME:

✓Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at www.maine.gov/professionallicensing to monitor your application's progress in real time. If the status appears as "PENDING", this means that your application was received by this office, and is pending or under review. Once reviewed, and if everything about your application is complete and complies with requirements, and an inspection of your facility has been completed and the facility passes the inspection, the license will be issued. The status online will show as "ACTIVE". If your application is incomplete, a letter will be mailed to you.

INSPECTION:

An inspection of your facility is required prior to opening. The facility must be ready for operation at the time of inspection. For scheduling purposes, please provide at least 25 days notice to schedule an inspection.

IMPORTANT INFORMATION REGARDING YOUR LICENSE:

The Office no longer prints licenses. You will be notified by email from noreply@maine.gov using the email address you provide on this application. A copy of your license will be attached to that email. (A paper license will not be sent by regular mail). **The email with your license will contain the access code that is required to renew your license online when the time comes.** You may also update your contact information and email address on our website www.maine.gov/professionallicensing using your access code.

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file, or you risk not being able to receive the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty (60) days prior to the license expiring and you may renew online anytime. Failure to receive a courtesy renewal reminder notice does not waive your responsibility to renew your license in a timely manner.

STATE OF MAINE DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address:** 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8579 Fax: (207) 624-8637 TTY users call Maine relay 711 web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes, but you will not leave with a license.
- **Can I come to Gardiner to pick up my license?** No. Your license will be e-mailed to you.
- **How long does it take to process an application?** You can check your status on our website at www.maine.gov/professionallicensing. Your license will show up as "PENDING" at first; as soon as your status is "ACTIVE" you are authorized to operate.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND CHECK: Pursuant to 5 MRS §5301 - 5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(C)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.



STATE OF MAINE
DEPARTMENT OF PROFESSIONAL
AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMPANY APPLICATION

APPLICANT INFORMATION (please print)

FULL LEGAL NAME OF SCHOOL

FEIN OR SSN

PHYSICAL ADDRESS OF SCHOOL

CITY STATE ZIP COUNTY

MAILING ADDRESS OF SCHOOL

CITY STATE ZIP COUNTY

PHONE # () FAX # () E-MAIL - (Your license will be emailed)

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

PRINTED NAME OF SCHOOL OFFICIAL

 SIGNATURE

DATE

Barbering and Cosmetology Licensing Program
SCHOOL LICENSE

Required Fee: \$500.00(Non-Refundable)

Off Site/Satellite Classroom Fee: \$100.00

Office Use Only:
SH/SHB 1421 - \$500.00
SCR 1421- \$100.00

Office Use Only:

SCHOOL TYPE—YOU MUST CHECK ONE BELOW

<input type="checkbox"/>	Initial School (SH 1421)	FEE: \$500.00
<input type="checkbox"/>	Branch Off Site/Satellite Classroom—List address of primary school location (SCR 1421)	FEE: \$100.00

Check # _____
Amount: _____
Cash # _____
Lic. # _____
Issue Date _____
Exp. Date _____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit or debit card, please fill out the following:

NAME OF CARDHOLDER (please print) FIRST MIDDLE INITIAL LAST

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ AMERICAN EXPRESS ☐ VISA ☐ MASTERCARD ☐ DISCOVER the following amount: \$ _____

☐ I understand that fees are non-refundable

Card number: XXXX-XXXX-XXXX-XXXX

Expiration Date mm / yyyy

 SIGNATURE

DATE

SECTION 1: NEW SCHOOL / OWNERSHIP INFORMATION

Section A – NEW SCHOOL			
Name of School			
Address	City	State	Zip

SECTION 2: OWNERSHIP - Please check one and complete the appropriate block below.

- ☐ Sole Proprietor (*complete section A*)
☐ Partnership (*complete section B*)
☐ Corporation or LLC (*complete section C*)
☐ Career and Technical Education School (CTE) (*complete section D*)

Section A - Sole Proprietor			
Owner Name		Social Security Number/FEIN #	
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	
Mailing Address	City	State	Zip Code
Telephone Number	Fax Number	Email Address	
()	()		

Section B - Partnership			
Owner Name		% Owned	Social Security Number
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	
Owner Name			Social Security Number
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	
Owner Name			Social Security Number
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	
Mailing Address	City	State	Zip Code
Telephone Number	Fax Number		
()	()		
Email Address	Federal Tax ID Number		

SECTION 2: (CONTINUED) OWNERSHIP

Section C - Corporation Ownership:			
Name of Corporation			
Assumed Name (d/b/a)			
Name of Parent Company, if any			
FEIN #			
Contact Address of Corporation	City	State	Zip Code
Telephone Number	Fax Number		
()			
E-mail Address	Website Address		
Corporate Registration Certificate Number	Issued Under What Jurisdiction	Date	
Contact Address for Registered Agent <i>If different from Corporation</i>	City	State	Zip Code
Telephone Number	E-mail Address/ Website Address		
()			

SECTION 2: (CONTINUED) OWNERSHIP

Section D - Complete This Section if the School is a Maine Department of Education Career Technical Education Center (CTE):			
Name of CTE			
Maine School District			
Maine School District Official for CTE			
Contact for CTE			
Address of CTE Contact	City	State	Zip Code
Telephone Number of CTE Contact		Fax Number of CTE Contact	
()			
E-mail Address of CTE Contact		Website Address of CTE	

SECTION 3: IS THIS A CHANGE OF LOCATION OR OWNERSHIP? ☐ Yes ☐ No

If yes, complete the following:

☐ Location Change (*complete section A*) ☐ Ownership Change (*complete section B*)

Section A—Location Change			
Former Location	City	State	Zip
Section B – Ownership Change			
Former Owner's Name			Ownership Type
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>	
License Number	Expiration	Date change took place	

SECTION 4: MANAGER/DIRECTOR CONTACT INFORMATION

Name of Manager / Director		Title
<i>FIRST</i>	<i>MIDDLE INITIAL</i>	<i>LAST</i>
Telephone Number	Email Address	
()		

SECTION 5: GENERAL CONTACT INFORMATION FOR SCHOOL

Primary Phone #	Fax #	Email Address
()	()	
Website Address		

SECTION 6: COURSE OFFERING (See Board Rules Chapter 27 Subchapter 2(1)(15))

Courses offered to students (check all that apply)	
<input type="checkbox"/> Aesthetics – 600 clock hours	<input type="checkbox"/> Cosmetology - 1500 clock hours
<input type="checkbox"/> Barbering – 1500 clock hours	<input type="checkbox"/> Nail Technology – 200 clock hours
<input type="checkbox"/> Limited Barbering – 800 clock hours	<input type="checkbox"/> Instructors - 1000 clock hours

For each course offered you must submit the following with this application:

- ☐ Curriculum, course outline, instructional schedule and daily lesson plan;
- ☐ Orientation materials and overview of all subjects taught;
- ☐ Testing and assessments; and
- ☐ Teaching aids

SECTION 7: SCHOOL HOURS

	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

SECTION 8: PRE-SITE EVALUATION, FINAL INSPECTION

PRE-SITE EVALUATION			
If requesting a pre-site evaluation, please list date and time options.			
	DATE	BEGIN TIME	END TIME
1.			
2.			
3.			

FINAL SITE INSPECTION			
If you are not requesting a pre-site evaluation, please list the date and time options for this office to conduct an inspection of the completed and ready to open site. <i>(Notice: A school, including a satellite classroom, may not operate until a final inspection has been conducted and approved.)</i>			
	DATE	BEGIN TIME	END TIME
1.			
2.			
3.			

EVERY ATTEMPT WILL BE MADE TO ACCOMMODATE YOUR REQUEST. A MINIMUM OF 25 DAYS NOTICE IS REQUESTED.

SECTION 9: INSTRUCTIONAL STAFF

Staff Name		Teaching Assignment	
Background Experience			
License Number	Expiration		Date of Employment

Staff Name		Teaching Assignment	
Background Experience			
License Number	Expiration		Date of Employment

SECTION 9 (CONTINUED): INSTRUCTIONAL STAFF

Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

Staff Name	Teaching Assignment	
Background Experience		
License Number	Expiration	Date of Employment

SECTION 10: FLOOR PLAN, ELECTRICAL, PLUMBING AND FIRE SAFETY STANDARDS, WATER SUPPLY

A. Floor Plan of School

(See Program Rules Chapter 27 Subchapter 2 (1)(7))

- Scaled drawing and floor plan of the school which details the usage of each area. Please limit the copy of the floor plan to a (8x11) or (8x14) paper size if possible. Scaled drawing and floor plan of the entire school must show location of all entrances, exits, bathrooms, storage areas, and dimensions of each room.

B. Plumbing, Electrical Requirements, Fire Safety Requirements

(See Program Rules Chapter 27, Subchapter 2(1)(10))

- All plumbing must be in compliance with the Uniform Plumbing Code as adopted by the Plumber's Examining Board. Documentation certifying compliance by the city or town plumbing inspector is attached to my application;
- All electrical installations must be in compliance with the National Electrical Code as adopted by the Electrician's Examining Board. Documentation certifying compliance by city or state electrical inspectors is required. A copy is attached to my application; or
- A Certificate of Occupancy is attached to my application; and
- Documented evidence that the school meets applicable Maine and local fire safety standards. Documentation should include copies of current permits or certificates indicating compliance.

C. Water Supply

(See Program Rules Chapter 27, Subchapter 2(1)(9))

- Public water supply.
- Private water supply. Attach a copy of a recent satisfactory water test for private water sources only.

SECTION 11: BOND / FINANCIAL / INSURANCE INFORMATION

A. Bond

(See Program Rules Chapter 27 Subchapter 2 (1)(11))

- ☐ Evidence must accompany this application that the school has a valid surety bond as required by law.

B. Financial Information

(See Program Rules Chapter 27 Subchapter 2 (1)(12))

- ☐ A new school applying for initial license shall provide a notarized, unaudited, financial statement as evidence of sufficient capital, exclusive of proposed tuition, to operate at least 12 months.

C. Liability Insurance

(See Program Rules Chapter 27 Subchapter 2 (1)(13))

- ☐ A copy of the school's current insurance policy which meets the requirements set in rule.
- ☐ Professional liability insurance
- ☐ Public liability insurance

SECTION 12: SUBMISSIONS REQUIRED WITH THIS APPLICATION:

A. School Catalog/Brochure

(See Program Rules Chapter 27 Subchapter 2 (1)(18))

- ☐ Submit a copy of the current school catalog/brochure.

B. Tuition, Fees, Other Charges – Cite catalog/brochure page(s)

(See Program Rules Chapter 27, Subchapter 2(1)(14))

Tuition, Fees, Other Charges		Catalog/brochure page(s)
A		
B		
C		
D		
E		

SECTION 12 (CONTINUED): SPECIFIC INFORMATION

C. Admission Requirements – Cite catalog/brochure page(s)

(See Board Rules Chapter 27 Subchapter 2(1)(15))

Admission Requirements		Catalog/brochure page(s)
A		
B		
C		
D		

D. Record Keeping and Reporting Procedures

(See Board Rules Chapter 27 Subchapter 3(18))

- ☐ Submit a copy of the record keeping forms and reporting procedures that will be used.

E. Academic Progress Standards

(See Board Rules Chapter 27, Subchapter 3(19))

- ☐ Submit a copy of the academic progress standards that will be used

F. Graduation Requirements – Cite catalog/brochure page(s)

(See Program Rules Chapter 27 Subchapter 2 (1)(16))

Graduation Requirements		Catalog/brochure page(s)
A		
B		
C		
D		
E		

G. Teach-out Policy

(See Program Rules Chapter 27 Subchapter 2 (1)(20))

- ☐ Submit a copy of the sample teach-out plan (See Chapter 27, Subchapter 3(8)(5))

SECTION 13: THE FOLLOWING SECTION TO BE COMPLETED BY THE SCHOOL OWNER

<p>Have you or any corporate officers, owners, or the designated officer of this entity been convicted of any criminal offense (including motor vehicle criminal offenses)? If yes:</p> <ol style="list-style-type: none">1. Provide a <u>detailed signed explanation</u> in the offender's own words on a separate sheet of paper.2. Attach a copy of the <u>Court Judgment and Decision</u>.3. If a motor vehicle criminal offense, attach a copy of a recent motor vehicle report.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has any state or territory of the U.S., province/territory of Canada, or any other jurisdiction EVER denied your application for any type of examination, professional license, certificate or registration, or taken any disciplinary action against the license issued to you in that jurisdiction (including, but not limited to, warning, reprimand, fine, suspension, revocation or restrictions in permitted practice, probation with or without monitoring?) If yes:</p> <ol style="list-style-type: none">1. List the jurisdiction(s): State/Jurisdiction _____ Date _____ State/Jurisdiction _____ Date _____2. Submit a copy of the consent agreement or decision and order for each of the above.3. Provide a detailed signed explanation in your own words on a separate sheet of paper.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 14: NOTICES

Please Note:

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

SECTION 15: LAWS AND RULES

All relevant laws and rules are accessible from this web page.

Maine Barbering and Cosmetology Laws and Rules

<http://www.maine.gov/pfr/professionallicensing/professions/barbers/laws.html>

Title 5 Administrative Procedures and Services § 341

<http://legislature.maine.gov/statutes/5/title5ch341sec0.html>

Title 10 Department of Business Regulation Law §§8001-8009

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

Office of Professional and Occupational Regulation Rules 02 041

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at www.maine.gov/professionallicensing. Please visit the websites listed to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

SECTION 16: ENDORSEMENT FOR NEW SCHOOL APPLICATION

Read the statement below and sign where indicated as your certification of the information provided on this application.

Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, illegible information, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I understand that the Barbering & Cosmetology Licensing Program will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature	Date
	